

SUMMARY NOTES

Maine Quality Forum Advisory Council

March 19, 2010

Present: James Case; Josh Cutler, MD, Sue Henderson, Robert Keller (Chair), Becky Martins, Elizabeth Mitchell, Al Prysunka, Douglas Salvador MD; and David White

Item	Discussion
January 8, 2010 Minutes	Minutes of the January 8, 2010 meeting of the Maine Quality Forum are pending review due to low attendance
Update: Dirigo Health Agency	<p>Karynlee Harrington gave the following report</p> <p><i>New Office Location:</i> Agency is in process of exploring options for new office space. One possibility is 36 Anthony Avenue, Augusta. This new space comes with ample parking and will generate a cost savings of about \$30-\$50,000/year.</p> <p><i>Dirigo Health Agency Financial Status:</i> Karynlee indicated that as of March 5th, the Agency has paid off \$12.5M of the \$25M cash advance. The remaining balance will be paid in full by June 30, 2010. Karynlee reviewed with the council the strategy the Agency has developed to ensure payment in full:</p> <ul style="list-style-type: none"> ▪ DirigoChoice remains capped ▪ Eligibility changes in the Dirigo Choice product ▪ Administrative cost reductions ▪ Payment restructuring (if strategies 1-3 are not sufficient, the Agency and Harvard Pilgrim HealthCare have agreed to implement a cash management plan. <p><i>Dirigo Choice Program:</i> The DirigoChoice program will re-open this summer. The Board will discuss the timing at the next Board meeting.</p> <p><i>Voucher Program Update:</i> The business advisory group (BAG) has recommended policy to the Dirigo Board which the Board has adopted. A marketing vendor has been selected to assist the Agency with its educational campaign. Educational sessions for insurance producers are being planned to announce the launch of the voucher program.</p>

Item	Discussion
Maine State HAI Plan	<p>Anne Redmond Sites with Maine CDC's Division of Infectious Disease discussed the Healthcare Associated Infections Program, including past activities, current action plan, federal grant application and the Statewide HAI plan.</p> <p>The primary focus of state HAI initiatives has been to strengthen hospital surveillance in accordance with state rules. Currently, there have been community-based outreach programs developed along with tool kits for MRSA prevention.</p> <p>Developed by the Agency for Healthcare Research and Quality (AHRQ), an action plan on HAI has been released for public comments and includes the following key message:</p> <ul style="list-style-type: none"> ▪ HAI are preventable ▪ A systemic approach is needed rather than disease specific focus ▪ Partnership between federal / state government and communities is essential <p>The federal government funding HAI efforts through the Recovery Act. Funding to states will support:</p> <ul style="list-style-type: none"> ▪ Coordination and reporting of State HAI prevention efforts ▪ Detection and reporting of HAI data ▪ Establishment of a prevention collaborative <p>Maine will be applying for all three grants to build on and sustain objectives identified in Maine's HAI Strategic Plan. Major activities in that Plan which overlap with federal funding include:</p> <ul style="list-style-type: none"> ▪ Develop of a program infrastructure for standardizing HAI data collection and analysis ▪ Conduct surveillance in areas of top priority ▪ Prevent infections in at least two prevention targets - Investigate outbreaks, clusters or unusual activities and identify preventable targets (Maine chose MRSA, surgical site infection and central line associated bloodstream infection) ▪ Maintain HAI Collaborative with participation from ten or more hospitals <p>Grant funding will not only support the above activities but also will connect Maine's work to national efforts.</p>
PL 2009, Chapter 350	<p>Josh Cutler reviewed requirements of PL 2009, chapter 350 which requires the Maine Health Data Organization (MHDO) and the MQF report on the price and quality of health care services in Maine. Target services must include imaging, preventive health, radiology, surgical services and other high volume services that are predominantly elective and may be provided to patients who do not have health insurance or are underinsured. A website must be constructed to display prices paid by individual commercial health insurance companies, third-party administrators and, unless prohibited by federal law, governmental payers.</p> <p>The law requires the MHDO to work with the MQF in the collection, synthesis and publication of information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare information on services, outcomes, effectiveness by individual practitioner.</p>

Item	Discussion
	<p>Joe Ditre of Consumers for Affordable HealthCare and a supporter of the legislation, described his hopes for this projects. As a strong advocate for transparency, Mr. Ditre described the importance of the website in providing the kind of transparency needed to help consumers make choices about where to seek health care services. He offered to assist in its design and development by conducting focus groups or otherwise bringing the consumer's perspective to the project.</p> <p>Council members questioned the level of detail required to make services, costs and quality truly comparable across providers. Members also expressed concern that no additional resources were made available to fund this effort. There was concern raised about the feasibility of reporting at the individual practices level.</p>
Next Meeting	The next meeting is scheduled for Friday, May 14, 2010.